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CONFIRMATION NO. 4955

SERIAL NUMBER 10/660,155	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 9072-2
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/634,950 08/05/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
 ** 12/04/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	19	13	1

ADDRESS

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TITLE

Artificial functional spinal unit assemblies

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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